

1983 with urethral discharge and two painful swellings on either side of the frenum. *Neisseria gonorrhoeae* was isolated from the pus and led to the diagnosis of gonococcal "tysonitis". A 15 day course of ampicillin was given, and the "tysonitis" disappeared after one week.

Gonococcal "tysonitis" is a classic complication of gonorrhoea and is mentioned in almost all dermatology textbooks.¹ Fiumara, however, found only two cases of documented "tysonitis" in 60 000 patients who visited a venereal disease clinic.² Another report was made in 1976 by Bavidge, but without detailed data.³

We wish to clarify the definition of "tysonitis" that has led to certain confusion. (1) The term "tysonitis" is new as it is not mentioned by nineteenth century French authors in their venerology textbooks.⁴ They only described lateral abscesses of the frenum without implicating a glandular origin. (2) The "glandulae odoriferae" of the glans corona described by Edward Tyson in the seventeenth

century⁵ are in fact what we call today pearly papules of the penis, which are not glandular but angiofibromas. (3) The glands of Tyson are often said to be ectopic sebaceous glands of the glans, sulcus corona, or penile shaft. Hyman and Brownstein showed evidence of ectopic sebaceous glands on the glans penis.⁶ We searched for such glands in the sulcus corona of 10 fresh male corpses, in none of which did the necropsy show any sebaceous gland.

We have therefore come to the conclusion that what we call tysonitis is not tysonitis, and that the glands of Tyson are not glands of Tyson. We recommend that both the terms "glands of Tyson" and "tysonitis" should be dropped, and the term "gonococcal abscesses" used instead without referring to the glandular site of such lesions.

Yours faithfully,

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Book reviews

Bacterial vaginosis. Edited by Per-Anders Mårdh and David Taylor-Robinson, 1984. Almquist and Wiskell International, Stockholm. Pp 270. Price \$30.

Three spelling errors encountered in the preface and list of contents did not auger well, but fortunately this was atypical.

Most of this hardback book is a compilation of papers presented at a symposium on bacterial vaginosis held in Stockholm during January 1984. The aim of the symposium was to gather together information on various aspects of anaerobic curved rods and *Gardnerella vaginalis* and to elucidate their role in bacterial vaginosis. By way of orientation, a 53 page introductory section "Physiology, immunology, and bacteriology of the vagina" comprises three chapters on: host defences and the vaginal mucosa, bacteriology of the vagina, and bacteriology of *G vaginalis*. In setting the scene for the subsequent presentations, these chapters

form useful reviews of the current published reports, but more than anything else they impart an appreciation of the human vagina as an extremely complex ecosystem.

The main part of the book comprises 26 papers covering the cellular characteristics, genetics and immunobiology, diagnosis, clinical and epidemiological observations, and pathogenicity of anaerobic curved rods. Inevitably such an onslaught on a recent rediscovery (similar anaerobic curved rods were described by Curtis in 1913 but were virtually ignored until the beginning of this decade) results in much repetition, particularly within the introductions to the individual papers. Nevertheless, these sections contain many details of value to the clinician and microbiologist with a special interest in the subjects. The gain in knowledge relating to the organisms themselves is impressive but, perhaps not surprisingly, this has not been matched by a comparable increase in our understanding

of their importance. The sections on complications and treatment of bacterial vaginosis contain only two papers each.

The final part of the book contains a valuable summary of the symposium in the form of recommendations from eight working groups set up to discuss various aspects of bacterial vaginosis. This is recommended reading for the wide range of clinicians and microbiologists who deal with genital tract infection in women.

The term bacterial vaginosis is recommended because the syndrome of malodorous vaginal discharge is neither "non-specific" nor an "itis". It is defined as "a replacement of the lactobacilli of the vagina by characteristic groups of bacteria accompanied by changed properties of the vaginal fluid". Bacterial vaginosis could also be sub-grouped according to symptoms (for example—malodorous bacterial vaginosis), signs (for example—clue cell positive bacterial vaginosis), or culture (for example—*G vaginalis* associated bacterial

vaginosis). Bacteriologists will be pleased to note that the recommendations on diagnosis do not include culture and identification in the clinical diagnostic criteria. Culture is encouraged as a research tool. Recommendations for diagnosing bacterial vaginosis are conventional, and require at least three of the following: a homogeneous thin discharge, pH >4.5, a fishy amine odour, or the presence of clue cells. As many of these tests are highly subjective, it is disappointing that the development of rapid routine methods of detecting the biochemical changes associated with bacterial vaginosis is not encouraged more positively.

Reports on the taxonomy and diagnostic aspects of anaerobic curved rods provide a valuable update and for many readers will be their first introduction to the new genus *Mobiluncus*. Basically two types of anaerobic curved rods are found in the vagina: short (1-2 μ m) Gram variable (short curved rods), and long (2-4 μ m) Gram negative (long curved rods). Short curved rods are named *Mobiluncus curtisii*, and long curved rods *Mobiluncus mulieris*. As "infection" with anaerobic curved rods was "not proved", vaginal specimens should not be cultured routinely.

Treatment with antibiotics was recommended only for symptomatic patients who fulfil the objective diagnostic criteria of bacterial vaginosis. Nitroimidazoles taken orally are the drugs of choice as they are more effective than ampicillin, tetracycline, or topical sulfa creams. Because of the reluctance to use nitroimidazoles during pregnancy the development of alternative treatment regimens should be undertaken in parallel with studies of morbidity associated with bacterial vaginosis during pregnancy. The symposium shed little light on the role of the male sexual partner in bacterial vaginosis.

This book is a valuable addition to the departmental library rather than the personal bookshelf of other than those with a special interest in the subject.

H Young

As you were: VE day—a medical retrospect. Forty two contributors, 1984. British Medical Association, London. Pp 193: £5.50 BMA members, £6.00 non-members.

The idea that the *British Medical Journal* should collect a series of memories and

reminiscences from doctors of their experiences on and around VE Day and publish them in book form, was put forward less than a year ago. The basic concept was to dedicate the volume to the memory of Elston Grey-Turner, who had been one of the BMA's most respected and best loved figures and had served the Association in many capacities.

This brilliant idea produced so much enthusiasm that there were 42 suitable contributions at the time of publication, each describing a wide variety of experiences and a wealth of fascinating facts. The resulting volume is an attractive paperback with a very original cover and clean, large print, making it easy to handle and pleasant to read. The list of contributors includes many of the best known names in contemporary medicine, but the passage of time since the second world war is underlined by the fact that most of them have now retired.

It is salutary to remember that 40 years have passed since VE Day, that is to say the lifetime of a whole generation. Over half of the present establishment of doctors was not yet born and the second world war forms a watershed between those who experienced it and those who did not. Nevertheless, this book contains so many accounts of adventures and unexpected events and gives such a clear picture of the lives of all types of doctors during the war that it makes fascinating and sometimes exciting reading for all age groups, especially those interested in military affairs.

From the pages of the book and from a short biography of him, Elston Grey-Turner emerges as an outstanding man, who won the MC in 1944 at Monte Casino, was a member of Field Marshall Montgomery's Staff in Germany, and continued to serve in the Territorial Army after the war, holding an appointment as honorary colonel. He passed the Civil Service examinations intending to become a diplomat, but instead joined the Ministry of Health. He became Secretary of the BMA in 1976 and completely transformed it. He wrote a detailed history of the Association and was awarded a CBE in 1980. He died before his time and left behind him the records of a memorable career and of a great public servant.

This successful book is a most appropriate memorial to him and all the profits from its sales will go to BMA charities. It will be read and enjoyed by doctors, students, members of the paramedical professions, and all those interested to know how doctors stood up to the duress of war.

R D Catterall

Notices

Second World Congress on Sexually Transmitted Diseases (STDs)

The 2nd world congress on sexually transmitted diseases (STDs) will be held at the Centre International de Congres de Paris (CIP), Porte Maillot, Paris, from 25 to 29 June 1986 under the patronage of the World Health Organisation and the International Union against Venereal Diseases and the Treponematoses. The general theme will be "STDs and their social and economic consequences".

Typewritten abstracts of papers should be submitted, in French or English, before 30 June 1985 to the Director, Dr A Siboulet, Institut Alfred Fournier, 25 boulevard Saint-Jacques, 75680 Paris, Cedex 14, France.

For further information concerning registration, travel arrangements, hotels, etc, please contact the Commissariat General, 4 Villa d'Orleans, 75014 Paris, France.

International meeting of dermatological research

The seventh meeting devoted to dermatological research will be held under the auspices of the Société de Recherche Dermatologique at Louvain University in Brussels on September 19 to 21, 1985. This meeting will be organised by the unit of occupational and environmental dermatology (director Professor J M Lachapelle).

Further information and application forms can be obtained from: Docteur D Van Neste, Unité de Dermatologie Professionnelle et de l'Environnement, Université Catholique de Louvain, UCL 3033, Clos Chapelle-aux-Champs, 30-B-1200 Bruxelles, Belgique.

Third International Forum of Andrology

The Third International Forum on Andrology will be held in Paris on 18 and 19 June, 1985. Topics for discussion will be: androgens (on the first day) and the epididymis (on the second day).

For further information please contact Professor G Arvis, Department of Urology, Hôpital Saint-Antoine, 184 rue du Faubourg-Saint-Antoine, 75571 Paris, Cedex 12, France.